## **CLAIMS ONLY**

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

|                | AS FILED   |   |  | TER<br>NDMENT                                    | AFTER 2nd AMENDMENT                              |            |
|----------------|--|---|--|--|--|------------|
|                | IND.   | DEP.  | IND.   | DEP.   | IND.   | DEP.       |
| 1              |  |   |  | <del> </del>                                     |  |            |
| 2              | <del> </del>                                     | 1   |  | <del> </del>                                     | <del>                                     </del> | <b> </b> - |
| 3              |  | 1   | <del>-</del>                                     | <del> </del> -                                   |  |            |
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| 27<br>28       |  | <del> </del>                                      | <del>-</del>                                     | <del>                                     </del> |  |            |
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| TOTAL<br>IND.  | 3  | 1   |  | 1  |  | •          |
| TOTAL<br>DEP.  | 17   | <b>' ←</b> '                                      |  | · 🖚 📗  |  | -          |
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|                 | IND. | DEP. | IND. | DEP. | IND.                                  | DEP.     |
| 51              |      |      |      |      |                                       |          |
| 52              |      |      |      |      |                                       |          |
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| 54              |      |      |      |      |                                       |          |
| 55              |      |      |      |      | i                                     |          |
| 56              |      |      |      |      |                                       |          |
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| 59              |      |      |      |      |                                       |          |
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| 64              |      |      |      |      |                                       |          |
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| 76              |      |      |      |      |                                       |          |
| 77              | Î    |      |      |      |                                       |          |
| 78              |      |      |      |      |                                       |          |
| 79              |      |      |      |      |                                       |          |
| 80              |      |      |      |      |                                       |          |
| 81              |      |      |      |      |                                       |          |
| 82              |      |      |      |      |                                       |          |
| 83              |      |      |      |      |                                       |          |
| 84              |      |      |      |      |                                       |          |
| 85              |      |      |      |      |                                       |          |
| 86              | ·    |      |      |      |                                       |          |
| 87              |      |      |      |      |                                       |          |
| 88              |      |      |      |      |                                       |          |
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| 90              |      |      |      |      |                                       |          |
| 91              |      |      |      | _    |                                       |          |
| 92              |      |      |      |      |                                       |          |
| 93              |      |      |      |      |                                       |          |
| 94              |      |      |      |      |                                       |          |
| 95              |      |      |      |      |                                       |          |
| 96              |      |      |      |      |                                       |          |
| 97              |      |      |      |      |                                       |          |
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| 99              |      |      |      |      |                                       |          |
| 100             |      |      |      |      | · · · · · · · · · · · · · · · · · · · |          |
| TOTAL<br>IND.   |      | 1-   |      | _#   |                                       | .1       |
| TOTAL<br>DEP.   |      | -    |      | _    |                                       | <b>—</b> |
| TOTAL<br>CLAIMS |      |      |      |      |                                       |          |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-2022 (1-98)

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